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TESTIMONY OF
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PUBLIC HEALTH COMMITTEE
Wednesday, March 14, 2007

RE: H.B. 7293, AAC EMERGENCY DEPARTMENT OVERCROWDING

The Saint Raphael Healthcare System is pleased to provide testimony concerning House Bill 7293, An Act Concerning Emergency Department Overcrowding and would like to commend the Public Health Committee for raising this important issue. We would especially like to recognize Representative Peggy Sayers for putting together the Emergency Room Task Force during the late summer and holding several meetings prior to the start of the legislative session to gather input and suggestions on how to address this challenge.

Specifically regarding H.B. 7293, we support many of its provisions including:

- Section 2 of the bill that requires DSS and MCOs to pay for services at the applicable reimbursement rate when a patient covered by Medicaid, the Behavioral Health Partnership, or the state administered general assistance (SAGA) program presents in the emergency department with behavioral health needs. The bill also provides that hospitals receive the maximum allowable rate for Medicaid visits to the ED, even if the visit was for a condition that was not a true medical emergency.

- Section 3 which would require the Connecticut Health and Educational Facilities Authority (CHEFA) to allocate grants annually to hospitals or healthcare institutions for the purpose of expanding emergency departments. This provision would significantly help hospitals, like the Hospital of Saint Raphael (HSR), to meet the growing demand for our emergency services.

We have concerns about some of the bill's provisions including:

- Section 5 that would require each Medicaid managed care contractor to pay a fee of $100 per visit for each Medicaid recipient who receives emergency services at a hospital emergency room more than twice in a 12-month period. Although the fees

collected by the Department of Social Services (DSS) would reimburse hospital emergency rooms for costs associated with the provision of non-emergency services to Medicaid recipients, we are concerned that the MCOs would find a way to pass through this financial penalty to hospitals. We are not confident in our urban setting that the "Medicaid managed care emergency services account" would be sufficient enough to compensate the Hospital for providing the emergency services to our Medicaid patients who have nowhere else to turn for their healthcare needs.

We applaud any initiative to ensure access to preventative and routine healthcare in the most appropriate and most efficient setting. Unfortunately, the reality is that there are insufficient primary care providers in many of Connecticut's urban centers, including New Haven. Medicaid patients know too well that their choices are limited and access to specialists is an even greater challenge. This is the reason why the Hospital of Saint Raphael and many other urban hospitals have established clinic practices on-site and at satellite locations as part of their non-profit mission to serve their local communities. We know how difficult it is to attract primary care providers to open offices in the urban centers and are reluctant to support an MCO penalty that may be passed on to the urban hospitals.

- We are also concerned about the reporting requirements in sections 6 and 7. We understand the intent of this section, however, we do not need to collect more data to know that our State's emergency rooms are overcrowded -- we experience it first-hand every day. The data collection required in these sections will cause an administrative burden and utilize previous staff time. Instead, limited resources should be concentrated on fixing the overcrowding issue.

At the Hospital of Saint Raphael, the growing number of higher acuity patients and psychiatric patients presenting in our emergency department has put significant strains on our existing facility and our emergency department staff. Like other urban hospitals in Connecticut and across the United States, the Hospital of Saint Raphael has experienced record high visits in our emergency department (55,321 visits in fiscal year 2006). Particular initiatives that we have initiated include instituting an electronic bed-control information system to expedite the transition of admitted patients from the ED into nursing units. A "fast track" area for patients to be triaged and seen by a clinical professional in 30 minutes or less is also being instituted along with increased staffing that will add five full-time physicians and three physician assistants to the ED staff. These processes are expected to improve patient satisfaction and throughput, but they do not provide a solution to the Hospital's long-term need to create more ED capacity. For these reasons, the Hospital is currently going through the certificate-of-need (CON) process for the construction of a Satellite ED facility in North Haven. This is the most clinically efficient and cost effective way to address the current capacity constraints on our main campus while also addressing the needs of our patients in the greater New Haven community.

As stated in Section 3 of this bill, we need to make our emergency departments more efficient and need to upgrade and expand our facilities to meet growing demand. We encourage you to approve the CHEFA grants so that hospitals and healthcare institutions can expand emergency department facilities. We suggest that the MCO penalty provision and DPH/OHCA reporting requirements be reviewed in more detail, considering the impact on the hospitals and its emergency departments.

Again, we applaud the Public Health Committee for raising this issue and hope that, together, we can improve access to care and reduce overcrowding in Connecticut's emergency departments. Thank you for your consideration. I am happy to answer any of your questions.